



## SYMBIOSIS CENTRE FOR DISTANCE LEARNING (SCDL)

Symbiosis Bhavan, 1065 B, Gokhale Cross Rd., Model Colony, Pune - 411016

Tel. : (020)66211000-20 Fax. : 91-020-66211040 / 41 Website: www.scdl.net

### PROGRAM FEE PAYMENT FORM

Dear Student,

It is mandatory to attach this program fee payment form along with the Demand Draft. Please ensure that this form is duly filled and attached / stapled with the Demand Draft. Moreover, you have to paste the Barcode behind the Demand Draft and retain a copy of this Demand Draft before dispatching it to SCDL. Please ensure that the Reg. No. on the barcode and in the admission letter is same, if not, please contact SCDL immediately.

**From**

Email Id:-

Reg.No. -

Contact No:-

Program Enrolled in: - \_\_\_\_\_

Name of Student: - \_\_\_\_\_

Address: - \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

To,

The Director,  
SCDL, PUNE

Respected Madam,

I Student of SCDL, details as mentioned above, am remitting the program fees as per the policies.

Sr. No	Fee Type	DD/Cashiers Chq No	DD/Cashiers Chq Date	Bank Name	Amount
1	Program Fee - 1st Installment				
2	Program Fee - IInd Installment				

I hereby accept that all the details in this form filled by me are true to the best of my knowledge and that I am aware of the norms of SCDL and will follow the same.

Place

(Student's Signature)

Note: For regular updates, plz visit us at [www.scdl.net](http://www.scdl.net) and for program fee queries, please contact student's helpline 020-66211000 -20 or email us on [feequeries@scdl.net](mailto:feequeries@scdl.net)

\* Disclaimer: SCDL will not be liable for loss / Delayed / Unidentified Demand Drafts/Incomplete forms